

Mrs Gillian Wray
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BOOKING FORM FOR APARTMENT D10 CHALET DES OURSONS

Full name:-.....

Address:-.....

.....

Home telephone:-..... **Mobile:-**.....

Email:-.....

Dates of holiday From Sunday:-..... **To Sunday:-**.....

Number of people in your party Adults:-..... **Children:-**.....

Total Rental Cost:-

25% Deposit (To be paid at time of booking):-

Balance (Charged to your card 8 weeks prior to arrival):-.....

Credit Card Details:-

Type of Card:-..... **Name on Card:-**.....

Card Number:-.....

Valid from:-..... **Expiry Date:-**.....

Billing Address for Card:-.....

.....

Security Code:-.....

I have read your terms and conditions and accept them on behalf of all my party who will reside in the property, on whose behalf I am duly authorised to make this agreement. I am over 18 years of age.

Date:-.....

Signed:-.....

Lettings are from 4pm on the day of arrival to 10am on departure day. No smoking is permitted in the apartment.